

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	VECTOR FOR ORAL ADMINISTRATION
Attorney Docket Number::	0512-1299
Request for Early	No
Publication?::	
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: YVES
Middle Name::
Family Name:: FRERE
Name Suffix::
City of Residence:: HOLTZHEIM
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 19, RUE DES ROSES
Address::
City of Mailing Address:: HOLTZHEIM
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 67810

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: LOUIS
Middle Name::
Family Name:: DANICHER
Name Suffix::
City of Residence:: STRASBOURG
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 33, RUE DE DOSSENHEIM
Address::
City of Mailing Address:: STRASBOURG

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 67200

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: ALAIN
Middle Name::
Family Name:: BELCOURT
Name Suffix::
City of Residence:: STRASBOURG
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 34, RUE MARC-AURELE
City of Mailing Address:: STRASBOURG
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 67200

Correspondence Information

Correspondence Customer Number:: 00466

Representative Information

Representative Customer Number::	00466
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2004/000974	4/20/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	03 04976	4/23/03	Yes

Assignment Information

Assignee Name:: CENTRE NATIONAL DE LA RECHERCHE
SCIENTIFIQUE (C.N.R.S.)
Street of Mailing 3, RUE MICHEL ANGE
Address::
City of Mailing Address:: PARIS
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 75016